

GREENBOOK CHANGE FORM

PLEASE USE THIS FORM TO SUBMIT CHANGES TO THE DIRECTORY OF CERTIFIED CHEMICAL
DEPENDENCY SERVICES IN WASHINGTON STATE. This form is available on our website:
<http://www1.dshs.wa.gov/DASA/services/certification/GB.shtml>.

IF THE CHANGE IS RELATED TO AN AGENCY, PLEASE RESPOND BELOW:

Agency Name: _____
Agency Name Line 2: _____

Agency Greenbook #: _____

OLD INFORMATION:

NEW INFORMATION:

E-Mail Address: _____
Web Page: _____

IF THE CHANGE IS RELATED TO AN APPENDIX OR OTHER AREA, PLEASE RESPOND BELOW:

Appendix #: _____ Page #: _____

Appendix Name: _____

OLD INFORMATION:

NEW INFORMATION:

Person submitting change: _____
Title: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
Date: _____ Do you want the e-mail listed in the Greenbook? ☐ yes ☐ no

MAIL GREENBOOK CHANGE FORM TO:

CERTIFICATION SECTION
DIVISION OF ALCOHOL AND SUBSTANCE ABUSE
POST OFFICE BOX 45330 (MS: 45330)
OLYMPIA, WASHINGTON 98504-5330
FAX (360) 438-8057
E-MAIL: anderrd@dshs.wa.gov

RCVD INITIALS _____
Ok for Data Entry _____
DATE: _____

Questions, call Phone (360) 725-3703, Toll free 1-877-301-4557

DASA OFFICE USE ONLY:

Date change entered _____ ☐ FacilityEdit Initials: _____
☐ ISATs ☐ E-mail Excel ☐ Appendix #

Copies distributed to:
Date _____
Initials _____

- ☐ Region #__ Administrator _____
☐ Region #__ Treatment Mgr _____
☐ Residential Treatment Lead _____
☐ Region #__ Cert. Specialist _____
☐ Contracts _____ Sherry Hamilton
☐ Appendix Owner(s) _____
☐ MIS (closures only) _____ Frank DiMichel
☐ Original to Agency Certification File _____

QA by: _____ Date _____ Manager's initials: _____ date _____